

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)							SERIAL NO. <u>10720844</u> FILING DATE						
							CLAIMS						
AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT									
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1								61					
2								62					
3								63					
4								64					
5								65					
6								66					
7								67					
8								68					
9								69					
10								70					
11								71					
12								72					
13								73					
14								74					
15								75					
16								76					
17								77					
18								78					
19								79					
20								80					
21								81					
22								82					
23								83					
24								84					
25								85					
26								86					
27								87					
28								88					
29								89					
30								90					
31								91					
32								92					
33								93					
34								94					
35								95					
36								96					
37								97					
38								98					
39								99					
40								100					
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.								TOTAL NO.					
TOTAL OFF.								TOTAL OFF.					
TOTAL								TOTAL					